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ABSTRACT

The report examines issues concerning graduates of foreign medical schools applying for endorsement licensure and the question of whether they are subject to dissimilar and unfair requirements compared with those for graduates of U.S. medical schools. The investigation's objectives were to: (1) identify any differences between the states' endorsement requirements for graduates of foreign medical schools and for graduates of U.S. medical schools; and (2) determine the reasons for and merits of any differences. The investigation revealed that the states had no uniform standards or requirements to determine competence and that most states had different endorsement requirements for graduates of foreign and U.S. medical schools. The American Medical Association, the Federation of State Medical Boards, and directors of state medical licensing boards were found to disagree with organizations representing foreign school graduates on the merits of different requirements related to documentation of educational background. Despite the differences of opinion, it was agreed by all concerned that different examination requirements for foreign medical school graduates have no merit and that it would be desirable to have a clearinghouse to maintain and verify records to help eliminate states' duplicative verification efforts and streamline the licensing process. (GLR)

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United States General Accounting Office

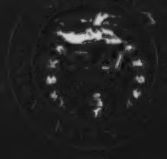
GAO

Report to Congressional Committees

May 1990

MEDICAL LICENSING BY ENDORSEMENT

Requirements Differ for Graduates of Foreign and U.S. Medical Schools



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United States
General Accounting Office
Washington, D.C. 20548

Human Resources Division

B-234381

May 17, 1990

The Honorable Edward M. Kennedy
Chairman, Committee on Labor and
Human Resources
United States Senate

The Honorable John D. Dingell
Chairman, Committee on Energy
and Commerce
House of Representatives

A physician who holds a medical license in one state but applies for a license to practice in another state is seeking what is known as endorsement licensure. Medical licensure is under the jurisdiction of state and territorial governments; the federal government plays no role. And although endorsement licensure is often referred to as "reciprocity," no state automatically issues licenses to physicians who apply for endorsement. Each state has its own endorsement requirements and conducts its own evaluations to determine if applicants meet those requirements. Generally, the requirements for initial and endorsement licensure are similar.

Many graduates of foreign medical schools (those located outside the United States, its possessions, and Canada) believe that when they apply for endorsement licensure, they are subject to dissimilar and unfair requirements compared with those for graduates of U.S. medical schools. This report responds to the congressional mandate that GAO review state requirements for medical licensure by endorsement to determine whether any differences in state endorsement requirements discriminate against graduates of foreign medical schools.[1] In this review, we applied the term "discrimination" in a general sense to mean any differences or distinctions between endorsement requirements for graduates of foreign schools and for graduates of U.S. schools. Our review objectives were therefore to (1) identify any differences between the states' endorsement requirements for graduates of foreign medical schools and for graduates of U.S. medical schools and (2) determine the reasons for and merits of any differences.[2]

[1]Health Omnibus Programs Extension of 1988, Public Law 100-607, section 630 (1988).

[2]GAO has previously reported on issues related to initial licensure. See Policies on U.S. Citizens Studying Medicine Abroad Need Review and Reappraisal (HRD-81-32, Nov. 21, 1980) and Federal, State, and Private Activities Pertaining to U.S. Graduates of Foreign Medical Schools (HRD-85-112, Sept. 27, 1985).

We did not determine whether endorsement requirements discriminate against foreign school graduates on the basis of national origin or any other basis that is protected under equal employment opportunity laws. Such determinations are rendered through appropriate administrative and legal processes and were outside the scope of our review.

Scope and Methodology

We took several steps to identify differences between endorsement requirements for graduates of foreign medical schools and for graduates of U.S. medical schools. (See app. I.) First, we reviewed national data on each state's requirements, collected by the American Medical Association (AMA) and the Federation of State Medical Boards (FSMB). We then visited six states—California, Florida, New York, Ohio, Texas, and Virginia—to obtain more detailed information.

We met with officials of the six state medical licensing boards, medical associations most closely related to licensure issues, and organizations representing foreign medical school graduates. Our review culminated in a GAO-sponsored roundtable discussion, which included participants from these three groups. (See app. II for a list of participating organizations.) We obtained their views on the merits of any differences between endorsement requirements for graduates of foreign medical schools and for graduates of U.S. medical schools and on options to address endorsement issues.

We conducted our review between March and August 1989 in accordance with generally accepted government auditing standards.

Results in Brief

Most states have differences between endorsement requirements for graduates of foreign medical schools and for graduates of U.S. medical schools. These differences are evident in examination and experience requirements: most states require that foreign medical school graduates pass a different licensure examination and complete more years of postgraduate (residency) medical training than their U.S. counterparts. In contrast, in the six states for which we had data, education standards and documentation requirements are generally similar for foreign and U.S. medical school graduates. Exceptions exist in five of these states in their requirements for documenting clerkships, patient care experiences that are basic to U.S. medical school programs. Also, differences exist between U.S. and foreign graduates in the effort necessary to obtain education-related documents.

Roundtable participants do not agree on the merits of the different requirements for experience or for education documentation for foreign medical school graduates. However, they agree that a clearinghouse would be an effective way to maintain and verify documents related to licensure applicants' educational backgrounds and credentials. They believe that a clearinghouse would be particularly useful to foreign school graduates who seek endorsement but have difficulty obtaining records from their medical schools. They believe that these physicians would benefit from their records being on file with a centralized organization.

Roundtable participants also noted that a single examination for all licensure applicants is being developed. They supported this effort, agreeing that different examination requirements for graduates of foreign and U.S. medical schools have no merit, and that examinations should be the same for both groups in initial and endorsement licensure.

Because endorsement data are limited, we were unable to determine the effect of requirements for foreign medical school graduates on their ability to obtain licenses by endorsement in different states. The Texas medical licensing board, however, provided 1989 data indicating that most applicants who were foreign medical school graduates met the state's endorsement requirements and were issued licenses.

Background

Organizations representing foreign medical school graduates believe that these graduates are subject to endorsement requirements that are unnecessary and different from those for their U.S. counterparts.[3] In a case example provided by the organizations, a foreign school graduate, licensed to practice medicine in five states, was denied licensure in a sixth state because the state's medical licensing board determined that his medical education was not equivalent to that provided to U.S. medical school graduates. To reach its decision, the board placed the burden on the physician to prove the equivalency of his education. The physician found it difficult to address the board's numerous inquiries, such as the number of faculty in his medical school and their credentials, and whether his school made a practice of issuing fraudulent certificates of graduation.

[3]According to 1986 data, the latest available, foreign medical school graduates comprised about 22 percent of the approximately 569,000 physicians in the United States and its possessions. About 71 percent of foreign school graduates were foreign nationals, and about 29 percent were U.S. citizens. American Medical Association, Foreign Medical Graduates - Summary Data 1971 to 1986, 1988.

In contrast, FSMB, which represents all 54 licensing boards, and directors of several state boards believe that the backgrounds of foreign medical school graduates generally deserve more scrutiny than those of graduates of U.S. medical schools. For example, some of the directors recounted cases of endorsement applicants who attended a particular Caribbean medical school. Their boards not only questioned the quality of the medical school on the basis of standards used to accredit U.S. medical schools, but discovered that school officials had been involved in selling graduation certificates.

While these examples may be exceptions for most state medical licensing boards, they illustrate the debate over endorsement issues.

Licensing Standards

States and territories have created medical licensing boards to carry out licensing activities. Among other things, they develop initial and endorsement requirements, review applications, and issue or deny licenses. A state board issues licenses only to physicians it deems competent to provide safe and effective general medical care. Currently, the standards and requirements used by boards to evaluate physician competence are not uniform. The standards can, however, be grouped in three interrelated areas (see app. I):

- Education standards require that a physician hold a medical degree from a school that provides education and training of a quality and duration acceptable to the individual board.
- Examination standards require the successful completion of standardized exams and may include oral and/or special-purpose exams.
- Experience standards require postgraduate (residency) training at an accredited U.S. or Canadian institution and may involve a review of the physician's character and practice history.

Education Standards and Documentation Requirements Are Similar

U.S. schools are accredited by the Liaison Committee on Medical Education (LCME), but often foreign countries do not have a corresponding organization. (See app. I.) As a result, assessing foreign school graduates' educational background and credentials is generally more difficult.

The six state medical licensing boards we visited use similar standards for foreign and U.S. medical school graduates to determine if endorsement applicants' premedical and medical education are acceptable.[4] The standards are based on those used by LCME to accredit U.S. medical schools.

Specific requirements for documenting educational backgrounds and credentials are also similar for foreign and U.S. medical school graduates in all six states. The state boards closely review such information as the types and dates of diplomas received, name and location of the medical school(s) attended, and a transcript(s) of all courses taken and grades received.

Despite these similarities, however, five of the six states we visited have documentation requirements related to clerkships that apply only to foreign school graduates.[5] For example, California, Florida, New York, and Texas require information on the types, dates, and locations of clerkships. California and New York also require special documentation from foreign school graduates who complete clerkships in countries other than where their medical schools are located. This documentation includes direct verification of an applicant's completion of each clerkship by those responsible for monitoring the physician's work. Virginia requires that foreign school graduates who complete clerkships in Caribbean countries appear before the board to confirm information on their clerkships.[6]

[4]Because data are limited nationwide on states' specific education standards and documentation requirements for endorsement, we focused on these states.

[5]A basic part of U.S. medical education and LCME standards, clerkships are patient care experiences that allow students to apply, in a clinical setting, the knowledge they acquired in their first 2 years of medical school. (See app. I.)

[6]Other states—including Arkansas, Montana, Nebraska, and Pennsylvania—also have special interview requirements for some, if not all, foreign medical school graduates. From available data, we could not determine why or how these interviews were conducted. However, state medical licensing boards have used interviews to ask endorsement applicants about unclear or discrepant responses on applications and about the applicants' medical education, clinical experiences, and any negative items associated with either.

Obtaining Documentation a Problem for Some Foreign School Graduates

Regardless of whether documentation requirements are the same for both foreign and U.S. medical school graduates, they may pose more difficulty to foreign school graduates. For example, California, New York, and Texas require direct verification of education credentials and transcripts from medical schools, and original diplomas and transcripts. For graduates of U.S. medical schools, these documents are readily available. But for foreign school graduates, board staff noted that such schools may delay in returning this verification, thus adding weeks or months to an application's processing time. Delays may also occur when foreign school graduates who did not retain their original diplomas or transcripts must request copies from their medical schools. Furthermore, obtaining any information from certain medical schools, such as those in countries without diplomatic relations with the United States, can be extremely difficult or impossible.

Officials of the six state boards we visited believe that such problems may affect only a small percentage of endorsement applicants. They estimated that the average processing time for all endorsement applications is 8 to 12 weeks. Several of the officials noted that although some foreign school graduates' applications have required as long as 2 years to process when information from medical schools was delayed, they believe that such delays represent a minority of cases. Officials of the six boards also stated that when documents are unobtainable, they can often resort to other verification methods, such as accepting (1) verification of graduation from the Educational Commission for Foreign Medical Graduates (ECFMG), (2) affidavits from classmates confirming an applicant's educational credentials, and (3) information on file from other state medical boards.[7, 8]

Disagreement on Merits of Documentation Requirements

Organizations representing foreign medical school graduates believe that these graduates should not be required to provide any documentation other than that required of U.S. graduates. They contend that not only may additional documentation be difficult to obtain, but educational background has little bearing on a licensed physician's competency, unlike performance in clinical practice. (Several studies, including one in

[7]ECFMG is a voluntary organization that, through its program of certification, assesses the readiness of graduates of foreign medical schools to enter accredited residency or fellowship programs in the United States.

[8]As an example of alternative methods, California assists refugee physicians from Vietnam. Established by law, a six-member Faculty-in-Exile Committee attempts to confirm and evaluate the medical education of physicians who attended the University of Saigon and fled Vietnam in the mid-1970s and early 1980s without official medical school records.

Florida, support the position that there are no significant differences in the performance of U.S. and foreign medical school graduates in clinical practice.)[9] (See bibliography.) The executive director of the International Association of American Physicians stated:

"Even though I may have come from a school which is not equivalent in standard to that of the United States, I have taken years of American training and now I am in practice, so judge me on my training and performance rather than on my medical school's background. As you know, one can get a bad doctor from the best school and an excellent doctor from the worst school."

Officials of state boards we visited, FSMB, and the AMA believe, on the other hand, that each state must have the discretion to establish the standards and requirements it deems appropriate to ensure competency. Otherwise, they argue, a state would be forced to accept another state's standards even if it believed those standards did not ensure competency, thus violating its responsibility to protect the public health. They also believe that education provides the foundation of knowledge and abilities necessary for a physician to practice general medicine competently and that it is irreplaceable as a factor in licensing, regardless of the number of years of practice. They add that any different education documentation requirements for foreign graduates exist because of problems in assessing the quality of their education due to the lack of an accreditation organization.[10]

The directors of the applicable state boards believe that the clerkship documentation requirements discussed on page 5 are justified. They consider the clerkships specified in LCME standards as providing the clinical skills essential to the practice of general medicine. If the necessary clerkships are not part of a medical school's curriculum, or are deficient, the directors argue, the school's graduates may not have the broad knowledge needed to practice general medicine. They consider this a serious deficiency that must be mediated before a license is issued because a license to practice medicine validates a physician's ability to

[9]Because of limitations in these studies' designs, such as no assessment of the performance of physicians from specific schools, their results are difficult for state boards to consider in developing licensure requirements or in reviewing the qualifications of individual applicants.

[10]In our 1980 and 1985 reports on initial licensure, we and others recommended that the United States develop an accrediting body for foreign medical schools. Our roundtable participants now believe that this may not be a feasible proposal because they believe it would be expensive, difficult to manage, and unacceptable to many countries. The participants noted that many foreign medical schools and/or countries have little interest in establishing standards to meet those of U.S. schools, considering that they have their own objectives for medical education.

practice general medicine. (These boards do consider whether an applicant's postgraduate [residency] training covered the clerkship deficiency.) These directors are concerned that some foreign medical schools do not require the LCME-specified clerkships or ensure that clerkships are appropriately supervised and of an acceptable quality.[11]

During the roundtable discussion, AMA and FSMB representatives indicated that states should carefully consider the relevance and impact of their documentation requirements. For example, they believe that some boards' inquiries directed at foreign school graduates, such as the number of faculty in their medical schools or the number of books in their school libraries, are of questionable value in endorsement considerations although they are based on LCME standards. The AMA has urged licensing boards to review their endorsement requirements with a view toward simplifying them where possible. The AMA has stated:

"...it hardly seems necessary to confirm a medical school graduate's high school education. Similarly, it hardly seems germane to confirm the premedical education of a physician who has completed specialty training. Licensing boards are perennially overworked and understaffed. Simplifying the procedures for endorsement to those essential to a determination of current competence could result in more time for boards to spend on applications that are difficult to evaluate."

Consensus for Clearinghouse for Documents

All roundtable participants agreed on the desirability of a central clearinghouse to maintain and verify information on licensure applicants' educational backgrounds and credentials. They agreed that, if properly developed, a clearinghouse for applicants' records could streamline the process for licensing by endorsement and limit duplicative state efforts. After entry into the clearinghouse, an applicant's documents would be verified and on file for ready access. Roundtable participants believe that a clearinghouse could help reduce the burden on foreign school graduates who may have difficulty in obtaining records from foreign medical schools, especially years after they graduate.

As a result of the roundtable discussion, representatives of several organizations, such as the AMA, FSMB, ECFMG, and the International Association of American Physicians, agreed to coordinate efforts to develop the

[11]Because some foreign medical schools do not have access to adequate clinical training facilities in their countries, some foreign school students seek clerkships elsewhere, including in U.S. hospitals. In 1980 and 1985 reports, we indicated that the quality and supervision of many of these clerkships were insufficient.

clearinghouse's concept and design. They also agreed to address basic questions, such as which organization would be best suited for administering the clearinghouse and what types of information it would maintain. Moreover, they indicated that state licensing authorities should be consulted to ensure that the clearinghouse meets their needs. As of January 1990, the AMA had taken some steps to develop the concept for both U.S and foreign medical school graduates, and its representatives indicated they would coordinate with the other organizations. A spokesperson for the project emphasized, however, that developing a national clearinghouse could take several years.

Examination Requirements Are Different

For physicians seeking endorsement, examination requirements for graduates of U.S. medical schools are different in most states from those for graduates of foreign medical schools. Graduates of U.S. schools generally may select either of two standardized examinations, whereas graduates of foreign schools do not have the choice. The National Board of Medical Examiners (NBME) certifying exams and the Federation Licensing Exam (FLEX) are the standardized exams available to U.S. school graduates. (See app. I for exceptions.) Only the FLEX is available to foreign school graduates.[12]

Also, most states require that the FLEX be taken in a single sitting, lasting about 3 days.[13] In contrast, the NBME certifying exam, which about three-fourths of U.S. medical school graduates choose to take for licensure, is administered in parts at different points throughout a student's medical education. (See app. I.)

Some states also place a time limit on accepting the scores received on the FLEX. Florida, for example, accepts FLEX scores for 10 years, after which physicians must take the entire examination again. Organizations representing foreign school graduates consider this an extremely difficult task for physicians who have been out of medical school for several years.

[12]All but New Jersey and Puerto Rico also require that foreign medical school graduates be certified by ECFMG. Certification involves other examinations before the FLEX, including the Foreign Medical Graduate Examination in Medical Sciences (FMGEMS). (See app. I.) (New Jersey still requires, however, that foreign medical school graduates pass FMGEMS.) American Medical Association, U.S. Medical Licensure Statistics and Current Licensure Requirements: 1989 Edition, 1989.

[13]In 1987, 31 jurisdictions required the FLEX in a single sitting. American Medical Association, U.S. Medical Licensure Statistics and Current Licensure Requirements: 1989 Edition, 1989.

In addition, some states, such as Alabama, California, and Idaho, require, under some circumstances, that only foreign medical school graduates take oral examinations for endorsement. For example, California requires an oral exam of each foreign school graduate, regardless of years of licensed practice, but only requires an oral exam of U.S. graduates who have been licensed over 4 or 5 years. The 30-minute exam requires that an applicant logically diagnose a common medical problem, such as chest pain, jaundice, or coma, and know what basic therapeutic procedures to institute.

Participants in the roundtable agreed that examination requirements for licensure should be the same for foreign and U.S. medical school graduates, considering that the knowledge and skills covered in examinations are the same for all licensure applicants. The major medical associations, in consultation with the state boards, are already moving to a "single examination pathway to licensure" for both foreign and U.S. school graduates, which an FSMB official expects will be implemented in 1991.

Experience Requirements Are Different

Over 30 state medical licensing boards require more years of accredited U.S. or Canadian postgraduate training for foreign medical school graduates than for U.S. school graduates who seek licensure. (See apps. III and IV.)

Organizations representing foreign medical school graduates argue that there should be no difference in the number of years of postgraduate training required for licensing foreign and U.S. school graduates. They believe that whatever requirement a state has established for U.S. school graduates is also adequate for foreign school graduates.

The six state board directors we interviewed and FSMB are divided on the amount of postgraduate training needed before initial or endorsement licensure. Some of the directors believe that additional postgraduate training for foreign school graduates is necessary to alleviate possible education deficiencies. In contrast, FSMB believes that 2 years of training is adequate for both U.S. and foreign graduates because most physicians eventually become specialists and because specialty boards require at least 2 years of postgraduate training in a specialty area for certification. (See app. I regarding specialty board certification.)

The AMA opposes "lengthy" postgraduate training for all initial or endorsement licensure applicants and encourages state medical boards

to consider a physician's practice of medicine in reviewing endorsement applications. The AMA has stated:

"Boards considering an application for endorsement of a license appear to ignore years of competent and honorable practice of medicine while confirming graduation from medical school and the successful passing of licensing examinations, even if these were done many years before. Physicians can be refused licenses based on ... requirements that might be superceded by years of competent practice."

The state boards we visited do not consider the number of years a physician has been in practice as a significant factor in reviewing endorsement applications because of the difficulty in assessing its value. Several of the state board directors we interviewed noted that a specific number of years of practice does not itself guarantee competency. The six boards will consider indicators of incompetency, however, in reviewing licensure applications, on the basis of malpractice confirmed by court judgments or other adverse actions.

Data Too Limited to Determine Effect of Requirements on Endorsement

Because data are limited both nationwide and for the six states reviewed, the effect of requirements on foreign medical school graduates' obtaining endorsement licensure is uncertain. Many state medical licensing boards do not keep records on whether physicians are being licensed for the first or additional times in their careers or if physicians who are licensed by endorsement are foreign or U.S. medical school graduates. As a result, data are not available nationwide or in five of the six states we visited for foreign and U.S. medical school graduates to compare (1) the number of endorsement applications that resulted in license issuances or denials; (2) length of application processing times, from submittance to decision on issuance or denial; or (3) the number of withdrawals from the application process.

The Texas board provided us data showing that in fiscal year 1989, the board denied licenses by endorsement to only four U.S. and five foreign medical school graduates out of more than 700 applications (over 500 for U.S. school graduates and over 200 for foreign school graduates). Although we could not verify all the data, it appears that while there were more licenses by endorsement denied graduates of foreign medical schools, the state's endorsement requirements for foreign school graduates have posed little, if any, barriers to licensing. (See app. V.)

Texas licensing officials believe that the fiscal year 1989 data are representative of preceding years. Officials of other state boards we visited

also believe that the vast majority of foreign school graduates who apply for endorsement in their states, like U.S. school graduates, receive their licenses. However, data were not available to verify this information.

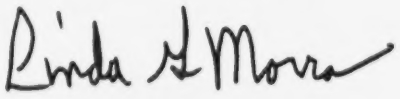
Conclusions

Because the states have no uniform standards or requirements to determine competence, most states have different endorsement requirements for graduates of foreign and U.S. medical schools. Opinions on the merits of these differences vary among organizations representing foreign medical school graduates, state medical licensing boards, and medical associations. Their viewpoints, along with other evidence we reviewed, reflect the lack of a consensus among members of the medical profession on the specific standards and requirements necessary to determine competency. In general, the AMA, FSMB, and directors of state medical licensing boards we visited disagree with organizations representing foreign school graduates on the merits of different requirements related to documentation of educational background. The groups' opinions on the merits of different experience requirements also differ, as some of the state board directors believe that differences have merit, while FSMB and organizations representing foreign school graduates support a contrasting position. But representatives of all of the groups agree that different examination requirements for foreign medical school graduates have no merit.

Representatives of the groups also agree on the desirability of a clearinghouse to maintain and verify records. The clearinghouse should help to eliminate states' duplicative verification efforts and streamline the licensing process. It should also be of particular assistance to foreign school graduates who may experience difficulty in obtaining documentation of educational background and credentials from their medical schools.

We are sending copies of this report to interested congressional members and will make copies available to others on request.

If you or your staff have any questions about this report, please call me on (202) 275-1655. Other major contributors to this report are listed in appendix VI.



Linda G. Morra
Director, Intergovernmental
and Management Issues

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Abbreviations

AMA	American Medical Association
ECFMG	Educational Commission for Foreign Medical Graduates
FLEX	Federation Licensing Examination
FMGEMS	Foreign Medical Graduate Examination in Medical Sciences
FSMB	Federation of State Medical Boards
GAO	General Accounting Office
LCME	Liaison Committee on Medical Education
NBME	National Board of Medical Examiners

Background

To carry out medical licensing activities, the states and territories have created medical agencies or boards composed of physicians and nonphysicians. These state boards, as well as state legislatures, develop specific standards and requirements for endorsement. Based on these standards and requirements, the state boards review applications and issue endorsement licenses to applicants they deem competent to provide effective general medical care. This process is distinct from specialty board certification, which is voluntary and designed to recognize a physician's ability to practice a medical specialty.[1]

Determining Competence: The Three Pillars of Medical Licensure

The competence of physicians is related to medical knowledge and performance and therefore involves the application of knowledge to specific clinical problems, the judgment exhibited in choosing among available options, and interpersonal relationships with patients and other health care professionals.[2] At present, the states do not have uniform standards or requirements to determine minimum competence. However, standards for assessing knowledge and performance have evolved in three interrelated areas, often referred to as the three "pillars" of medical licensure: education, examination, and experience.

Education

The general purposes of education requirements are to confirm that a physician has a medical degree and to assess the quality of the education and training provided by the medical school. To make its evaluation, a state medical licensing board may require documentation of graduation and curriculum, such as diplomas and transcripts. For graduates of U.S. medical schools, these documents are readily available, and the quality of the schools' education and training have already been evaluated by an accrediting organization.

The Liaison Committee on Medical Education (LCME) is responsible for establishing standards of accreditation for U.S. and Canadian medical schools and for determining, through periodic inspections, if the standards have been met. LCME includes representatives from the American Medical Association (AMA), the Association of American Medical Colleges, the Committee for the Accreditation of Canadian Medical Schools,

[1]Specialty boards are national entities established voluntarily by the medical profession to ensure that physicians who seek certification have passed evaluation procedures that permit them to be designated as specialists. Specialty board certification is not a prerequisite for licensure.

[2]American Medical Association, Future Directions for Medical Education, 1982. Also, see The Task Force to Study Pathways to Licensure, A Proposal for a Single Examination for Medical Licensure, 1989.

the federal government, and the public. LCME standards help to ensure that medical schools provide the skills and experience to prepare students for postgraduate medical education and licensing. The standards include, but are not limited to, the following:

- Balance between the size of each class enrollment and the total program resources, including the faculty, physical facilities, and budget.
- An instruction program of 130 weeks, preferably scheduled over a minimum of 4 calendar years.
- A curriculum that includes the basic sciences of anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine.
- Patient care experiences, known as clerkships, in internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery. (In the third and fourth years of U.S. medical education, clerkships allow students to apply, in a clinical setting, the knowledge they acquired in their first 2 years of medical school. Students are in direct contact with patients at this point; however, they do not have primary responsibility for patient care, as they are directed and supervised by members of the faculty and resident staff.)

Because foreign countries often do not have an accreditation organization like LCME, assessment of foreign school graduates' educational backgrounds and credentials is generally more difficult. In lieu of an accrediting organization, the state boards we visited use LCME standards to assess the equivalency or comparability of foreign school graduates' education to that of U.S. school graduates.[3] This assessment requires documentation from the applicant or, in some of these states, foreign medical schools. The boards or endorsement applicants may experience problems in obtaining documentation, such as applicant records and information on program content, from foreign schools.

Examination

State licensing authorities require that endorsement applicants demonstrate a satisfactory level of medical knowledge through national, standardized examinations. In addition, some states have other exams, both oral and/or written. For example, the Special Purpose Exam, a test of general medical knowledge, may be required of groups of physicians,

[3]As a result of applying LCME standards, as of March 1989, the California board had disapproved four medical schools, all located in Caribbean countries, for such problems as fraudulent documents or inadequate or nonexistent training. The board will not consider work done at these schools after the effective date of disapproval.

such as those who are 5 years or more beyond medical school graduation.[4]

The major standardized licensure exams are described below:

- The National Board of Medical Examiners (NBME) exams consist of three parts. Parts I and II, written (multiple-choice) examinations, cover the basic medical and clinical sciences, respectively, and are usually taken during medical school before postgraduate medical education. Part III, a written exam that tests a student's ability to perform in the unsupervised practice of medicine, cannot be taken before the student participates in postgraduate (residency) training. Only graduates of accredited U.S. and Canadian medical schools who have passed parts I and II are eligible for part III.
- The Federation Licensing Examination (FLEX), sponsored by the Federation of State Medical Boards (FSMB), has two parts: (1) a 1-1/2-day written (multiple-choice) exam designed to evaluate knowledge of the basic medical and clinical sciences and (2) a 1-1/2-day written examination designed to test a physician's ability to diagnose and manage common clinical problems. While all state medical licensing boards require foreign medical school graduates to pass the FLEX for endorsement, only Louisiana, Texas, and the Virgin Islands require the FLEX of U.S. medical school graduates.[5, 6]

In addition, almost all jurisdictions require that foreign medical school graduates be certified by the Educational Commission for Foreign Medical Graduates (ECFMG). Certification, a prelicensing process, assesses the readiness of foreign school graduates to enter accredited residency or fellowship programs in the United States. To obtain ECFMG certification, foreign medical school graduates must pass

[4]Some states may have other special exams for foreign medical school graduates. For example, Ohio requires a test of spoken English, conducted by the Educational Testing Service. Ohio also administers a one-of-a-kind test of clinical skills, known as the Medical Education Evaluation Program, for a select group of foreign school graduates: physicians who were Ohio residents before medical school, did not receive unrestricted rights to practice in the countries where they completed their medical education, and whose diplomas were not approved by the Ohio board.

[5]In 1968, FSMB introduced the FLEX to promote uniform licensure standards. Louisiana, Texas, and the Virgin Islands elected to require it of both foreign and U.S. medical school graduates.

[6]Louisiana's acceptance of passage of the NBME exams is limited, as endorsement applicants who graduated from accredited U.S. or Canadian schools on or after January 1, 1978, must also pass the clinical competence portion of the FLEX. Texas accepts the NBME exams only if part III was passed before January 1, 1978. In all other cases, applicants must pass the FLEX, the Special Purpose Exam, or be specialty board certified. The Virgin Islands do not have endorsement provisions for the NBME exams, as all endorsement applicants must pass the FLEX. American Medical Association, U.S. Medical Licensure Statistics and Current Licensure Requirements: 1989 Edition, 1989.

- the Foreign Medical Graduate Examination in Medical Sciences (FMGEMS), a test of basic medical and clinical sciences, or parts I and II of the NBME examinations; and
- a standardized examination demonstrating proficiency in the English language.[7, 8]

Experience

Experience requirements relate to postgraduate training, most often referred to as a residency, in an accredited U.S. or Canadian program.[9] Residencies differ from clerkships in that residents are required to take direct responsibility for caring for patients, from the point they are admitted to hospitals until they are discharged. This includes ordering diagnostic procedures and medications under the general supervision of an attending physician.

State medical licensing boards may also have "character" and/or "fitness" requirements that involve reviewing an endorsement applicant's practice history. For example, a physician may be required to (1) be physically, mentally, and professionally capable of practicing medicine in a manner acceptable to the licensing authority or (2) not have been found guilty of conduct that would constitute grounds for disciplinary action by the licensing authority.

Objectives, Scope, and Methodology

In response to the congressional mandate, our objectives were to

- identify any differences between states' endorsement requirements for graduates of foreign medical schools and those for graduates of U.S. medical schools and
- determine the reasons for and merits of any differences.

[7]ECFMG certification also involves verifying medical school graduation and credentials and determining whether graduates have met the educational requirements to practice medicine in the country where they completed their medical education.

[8]Because parts I and II of the NBME exams are equivalent to the FMGEMS, they are an option for graduates of foreign medical schools who seek postgraduate medical training in the U.S. ECFMG intends to discontinue the FMGEMS with the advent of a single examination for licensure for both foreign and United States medical school graduates.

[9]The Accreditation Council for Graduate Medical Education (ACGME) is responsible for assuring state medical licensing boards of the quality of U.S. programs. The council is composed of representatives of the American Board of Medical Specialties, the American Hospital Association, the AMA, the Association of American Medical Colleges, the Council of Medical Specialty Societies, the federal government, and the public.

We took several steps to identify differences in endorsement requirements. First, we obtained, but did not verify, data on each state's requirements from the AMA and FSMB. We then visited six states—California, Florida, New York, Ohio, Texas, and Virginia—to obtain more detailed information. We selected these states because they (1) represent nearly 48 percent of the foreign medical school graduates in the United States, (2) vary in the number and nature of specific endorsement requirements for foreign medical school graduates, (3) include states for which organizations representing foreign medical school graduates provided examples of applicants' experiences in applying for endorsement, and (4) are geographically dispersed.

We also took several steps to determine the rationale for and merits of any differences in endorsement requirements for foreign school graduates. First, using a structured interview guide, we met with state licensing officials to discuss and obtain documentation on (1) the history and rationale of their state's endorsement requirements; (2) the significance of an endorsement applicant's medical education, history of licensing examinations, and clinical experience in licensure considerations; and (3) the issues in endorsement licensing, as well as their solutions. In addition, we compared standards used by LCME to evaluate U.S. medical schools with standards used by each state to evaluate the educational backgrounds of foreign school graduates.

Second, we also interviewed officials of (1) the AMA, FSMB, and other medical associations concerned with medical licensure and (2) organizations representing foreign medical school graduates. In addition, we convened a meeting of officials of organizations representing foreign medical school graduates to obtain their views on endorsement issues, along with any suggestions for resolution. We also reviewed documents from these groups, published literature on the competency of foreign and U.S. medical school graduates, and legal decisions involving medical licensure.

Third, our review culminated in a GAO-sponsored roundtable discussion, which included participants from the major medical associations, state licensing authorities, and foreign graduate advocacy organizations. (See app. II for a list of participants.) The purposes of the discussion were to obtain participants' views on the merits of any differences between endorsement requirements for graduates of foreign medical schools and for graduates of U.S. medical schools and to discuss potential solutions to endorsement issues and identify areas of consensus.

We conducted our review between March and August 1989 in accordance with generally accepted government auditing standards.

Organizations Contacted for This Review

Medical Associations

Administrators in Medicine[1]
American Medical Association[1]
Association of American Medical Colleges[1]
Educational Commission for Foreign Medical Graduates[1]
Federation of State Medical Boards[1]
National Board of Medical Examiners[1]

Federal and State Organizations

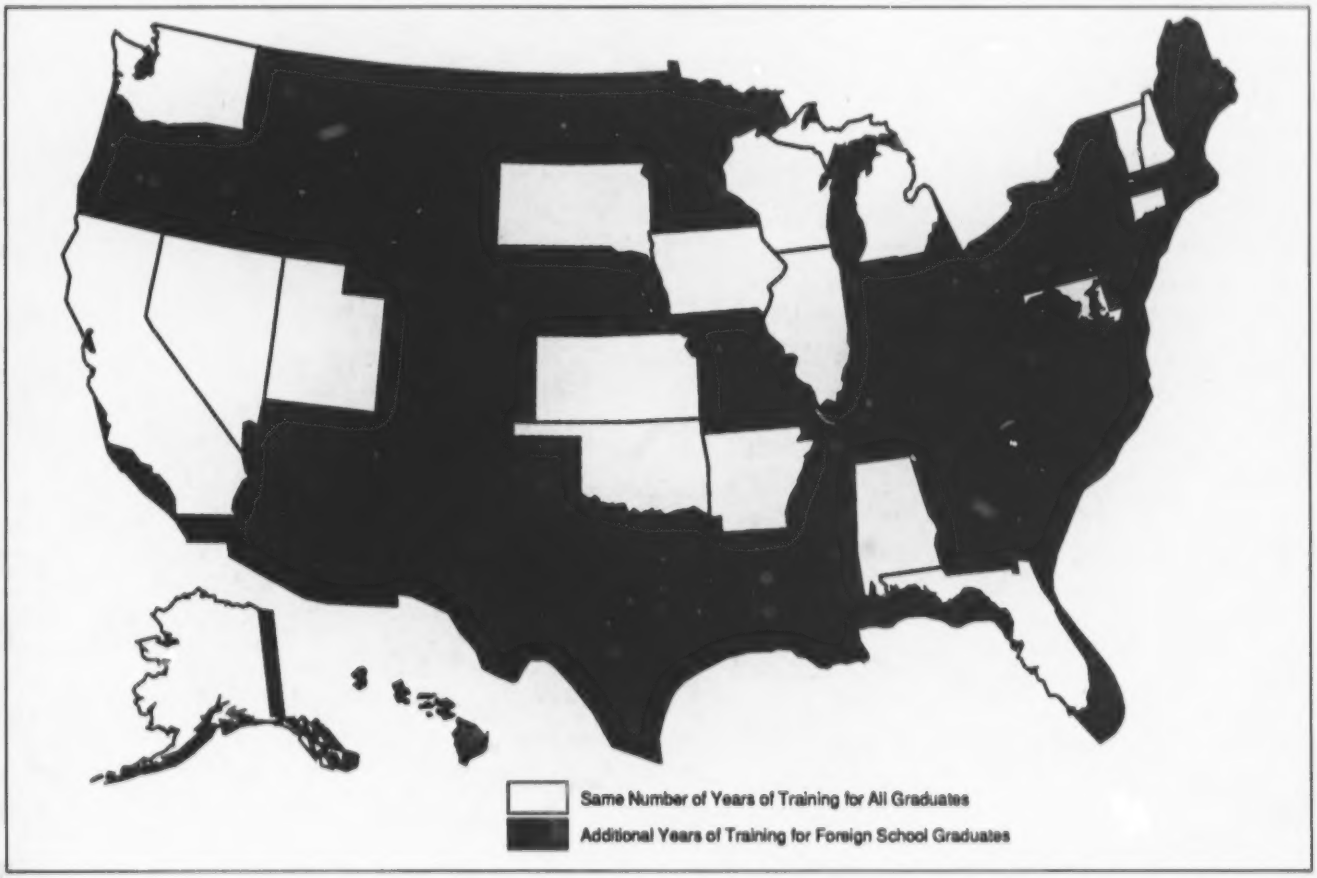
California Board of Medical Quality Assurance
Department of Health and Human Services[1]
  Division of Quality Assurance and Liability Management
Florida Board of Medicine
New York State Board for Medicine[1]
Ohio State Medical Board
Texas State Board of Medical Examiners
Virginia State Board of Medicine

Organizations Representing Foreign Medical School Graduates

International Association of American Physicians[1]
  American College of International Physicians
  American Association of Physicians from India
  Association of Pakistani Physicians
  Association of Philippine Physicians in America
  Islamic Medical Association
  International Medical Council of Illinois
Parents League of American Students of Medicine Abroad

[1] Represented at GAO's roundtable discussion.

Postgraduate Training: States With the Same Versus Different Licensure Requirements for Foreign and U.S. Medical School Graduates



Source: The Federation of State Medical Boards of the United States, Inc., The 1989/1990 Exchange, 1989.

Postgraduate Training Required for Licensing Foreign and U.S. Medical School Graduates

Figures in years

State	Foreign school graduates	U.S. school graduates
Alabama	1	1
Alaska	1	1
Arizona	3	1
Arkansas	1	1
California	1	1
Colorado	3	1
Connecticut	2	2
Delaware	3	1
District of Columbia	1	1
Florida	1	1
Georgia	3	1
Guam	1	1
Hawaii	2	1
Idaho	3	1
Illinois	2	2
Indiana	2	1
Iowa	1	1
Kansas	1[a]	1
Kentucky	3	1
Louisiana	3	0
Maine	3	2
Maryland	1	1
Massachusetts	2	1
Michigan	2	2
Minnesota	2	1
Mississippi	3	1
Missouri	3	1
Montana	3	1
Nebraska	3	1
Nevada	3	3
New Hampshire	2	2
New Jersey	3	1
New Mexico	2	1
New York	3	1
North Carolina	3	1
North Dakota	3	1
Ohio	2	1
Oklahoma	1	1

(continued)

State	Foreign school graduates	U.S. school graduates
Oregon	3	1
Pennsylvania	3	2
Puerto Rico[a]		
Rhode Island	3	1
South Carolina	3	1
South Dakota	2	2
Tennessee	1[a]	0
Texas	3	1
Utah	1	1
Vermont	1	1
Virgin Islands[b]		
Virginia	3	1
Washington	2	2
West Virginia	3	1
Wisconsin	1	1
Wyoming	2	1

Note: The information in this appendix indicates requirements for current graduates.

[a]1 year for graduates of approved schools; 3 years for graduates of nonapproved schools.

[b]No information provided.

Source: The Federation of State Medical Boards of the United States, Inc., The 1989/1990 Exchange, 1989.

Texas Endorsement Applications and Licenses Issued and Denied in Fiscal Year 1989

	U.S. school graduates	Foreign school graduates	Total
Applications	515	227	**742**
Licenses issued	529[a]	216	**745[a]**
Applications denied	4	5	**9**
Unapproved U.S. clerkships		3	**3**
Insufficient postgraduate training	1	2	**3**
Impaired (e.g., substance abuse, physical disability)	2		**2**
Incompetent	1		**1**

[a]The higher number of licenses issued than applications indicates the overlap of the processing of some applications from one fiscal year to the next.

Major Contributors to This Report

Human Resources Division, Washington, D.C.	Susan D. Kladiva, Assistant Director, (202) 523-9076 Joel A. Hamilton, Evaluator-in-Charge Edith L. Lassegard, Intern Dr. Murray Grant, Chief Medical Advisor Sheila M. Smythe, Chief Health Policy Advisor

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